

Exhibit F-1

| | | | | | | | |
|---|--|-------------------------------|--|--|--|--|--|
| 22222 | | Void <input type="checkbox"/> | | a Employee's social security number [REDACTED] | | For Official Use Only ► OMB No. 1545-0008 | |
| b Employer identification number (EIN) 90-0914266 | | | | 1 Wages, tips, other compensation 90633.87 | | 2 Federal income tax withheld [REDACTED] | |
| c Employer's name, address, and ZIP code PRIORITY WELL TESTING, LLC 681 RIVER HIGHLANDS BLVD. COVINGTON LA 70433 | | | | 3 Social security wages [REDACTED] | | 4 Social security tax withheld [REDACTED] | |
| | | | | 5 Medicare wages and tips [REDACTED] | | 6 Medicare tax withheld [REDACTED] | |
| | | | | 7 Social security tips | | 8 Allocated tips | |
| d Control number | | | | 9 | | 10 Dependent care benefits | |
| e Employee's first name and initial NATHAN L | | Last name ARRAMBIDE | | Suff. | | 11 Nonqualified plans | |
| [REDACTED] | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12a See instructions for box 12 DD [REDACTED] | |
| | | | | 14 Other | | 12b D [REDACTED] | |
| | | | | | | 12c | |
| | | | | | | 12d | |
| f Employee's address and ZIP code | | | | | | | |
| 15 State Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | |
| | | | | | | 19 Local income tax | |
| | | | | | | 20 Locality name | |

Form **W-2** Wage & Tax Statement

2015
0000/1030D

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration;